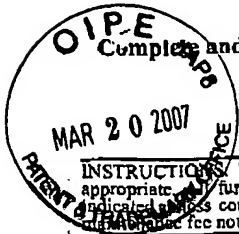


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Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUANCE FEE**
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530 7590 12/26/2006
LERNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK
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03/20/2007 HDENESS2 00000132 121095 10018733

01 FC:2501 700.00 DA
 02 FC:8000 30.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/018,733	03/11/2003	Dimitri Caplygin	HALFOR 3.3-002	5008

TITLE OF INVENTION: SYSTEM FOR ENHANCEMENT OF NEUROPHYSIOLOGICAL PROCESSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	03/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
FOREMAN, JONATHAN M	3736	600-558000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **LERNER, DAVID, LITTENBERG,**
 2 **KRUMHOLZ & MENTLIK, LLP**
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1095 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date March 20, 2007

Typed or printed name Arnold H. Krumholz

Registration No. 25,428

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.**

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Approved for use through 10/31/2002. CMB 0651-0031

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ISSUE FEE TRANSMITTAL

ATTORNEY DOCKET NO.: HALFOR 3.3-002

APPLICATION NO.: 10/018,733

CONFIRMATION NO.: 5008

MAILING DATE OF NOTICE OF ALLOWANCE: December 26, 2006

FAX NUMBER: (571) 273-2885

PAGES INCLUDING COVER SHEET: 2

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on March 20, 2007
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